

## Commonwealth of Massachusetts Division of Professional Licensure

BOARD OF STATE EXAMINERS OF ELECTRICIANS 1000 Washington Street Suite 710 • Boston, MA 02118-6100

Board Action							
Staff Assignment Complaint Denial Continued Reexamination Renewal							

## APPLICATION FOR REINSTATEMENT OF EXPIRED LICENSURE

Continuing education requirements for reinstatement of a lapsed/expired license are established at the Board of State Examiners of Electricians' regulations 237 Code of Mass Regulations (CMR) section 17.01 (3) and may be perused on the Board website at <a href="https://www.mass.gov/dpl/boards/el/cmr.htm">www.mass.gov/dpl/boards/el/cmr.htm</a>

Clearly Print/	type informa	tion:				
License Number -	ense Number - License Expiration		License Number	- License Expiration	Date of Birth	SSN
Last Name	Fir	st Name		Middle Init.	Generation	Telephone No.
Address	ddress Check here for change of address			City/Town	State	Zip
Current Employer	rent Employer Date of hi		hire	Employer's Address		
Please pro	ovide additi	ional do	ocumentation	of your employment	during the time	of expiration
foreign jurisdictio  2. In the time that you licensing/certificate provide detailed in  3. In the time that you any agreements we are lift yes, please pure lapsed? Yes   5. In the time that you country or foreign  The Board is certific convictions and peneros.	n taken any dispursion taken any dispursion board location board location board location are license has ith a licensing provide detailed to date with No If your license has jurisdiction?	been exp deted in the been exp //certificat d informa all Cont yes, plea as been e Yes  epartment cases. T	vired were you the e United States or vired have you voltion board in the United States or vired have you will be provide certification.  In tof Criminal chose records—a	e subject of any open or per any country or foreign jurd luntarily surrendered or result United States or any country at Units and NEC code characters of completion been convicted of a feloaf yes, please provide detail	If yes, please provided anding disciplinary activation? Yes Signed a professional ry or foreign jurisdiction anges for all periods any or misdemeanor ed information vices [ID# MARECO fessional records—	e detailed information.  Ition by a  No If yes, please  license or entered into tion? Yes No  s in which your license ha in the United States or any  G G] to access data about- may be checked as part of
				-		
of my own free will v				in to be accurate and true in 20	revery respect and r	am signing ans document
<b>y</b>			·			
				-	(Signature of A	Applicant)
Upon application re	view, the Boa	rd may r	equest additiona	al information or impose	additional requiren	nents for reinstatement,

TELEPHONE: 617-727-9931

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including continuing education, additional education and/or passing the appropriate License examination.